

**A.A.S. STUDIOS @
DOROTHY'S SCHOOL OF DANCE**

2815 Merrick Road ♦ Bellmore, NY 11710
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(516) 783-6734

ACTING CLASS REGISTRATION FORM

DSD is proud to bring you a beginner acting class, taught by ANGEL MORALES this fall:

- Wednesdays, 4:00-6:30
- Ages 13 and up

Classes are on a month by month basis. This class focuses on the Meisner method and technique to get you to 'STOP ACTING', the key to all good acting.

About the Meisner Technique

The Meisner technique is an acting method developed by American theatre practitioner Sanford Meisner. Meisner developed this technique after working with Lee Strasberg and Stella Adler at the Group Theatre and continued its refinement for fifty years.

Meisner Training is an inter-dependent series of training exercises that build on one another. Students work on a series of progressively complex exercises to develop an ability to improvise, to access an emotional life, and finally to bring the spontaneity of improvisation and the richness of personal response to textual work. The technique emphasizes "moment-to-moment" spontaneity through communication with other actors in order to generate behavior that is truthful within imagined, fictional circumstances.

The cost of the course is \$275 per month for one class per week. Fees MUST be paid by check (payable to ANGEL MORALES) or cash before the first class of each month.

Student(s) Information

Name: _____

Address: _____

Town: _____ **Zip:** _____

Grade: _____ (as of Sept. 2012) **DoB:** _____

Home Phone: _____

PLEASE LIST ANY & ALL MEDICAL CONDITIONS CONCERNING YOUR CHILD:

Family Name: _____

Parent/Guardian Information

Name: _____

Email: _____

Cell Ph.: _____

I have read, understood, and am in agreement with all the information contained in the online policies and give my child(ren), who is (are) in good health, permission to participate in Dorothy's School of Dance 2012-2013 Program. I also agree to the tuition payment terms and am responsible for payment (*all account must be paid in full no later than 5/15/13*). NO REFUNDS. I hold Dorothy's School of Dance, Inc., and staff harmless for any & all injuries that may arise from participation in any class or other activities related to Dorothy's School of Dance, Inc. In such event, I further agree that the cost of such medical services shall be borne exclusively by myself. I hereby authorize Dorothy's School of Dance, Inc., to take any steps necessary to make medical attention available, including physicians, hospitals, or any other medical services, and the School shall have full discretion. Photographs and videos of students from the school may be used for publicity in the future.

Signature of
Parent/Guardian_____ **Date**_____

Print Name of
Parent/Guardian_____

Office use only: Payment included (y/n) _____
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Family Name:_____